Counseling Services ● (325)793-4881 1 McMurry University #716 ● Abilene, TX 79697

Life History Questionnaire

(All files are held in strict confidence)

Student ID _____ Date _____ Counselor _____

First Name _____ MI _____ Last Name _____ Maiden _____

Age _____ Date Of Birth _____ Gender: ☐ Male ☐ Female

Ethnicity
☐ Asian/Pacific Islander ☐ White
☐ American Indian ☐ Hispanic
☐ International Student Country: _____ ☐ Black

Relationship Status
☐ Single ☐ Engaged
☐ Married ☐ Separated
☐ Divorced ☐ Widowed

Campus PO Box

Local Address	City	State	Zip
Local Phone ☐ May We Leave A Message?	Email Address ☐ May We Send A Message?		
Permanent Address	City	State	Zip
Permanent Phone ☐ May We Leave A Message?			

I am currently in my ___1st ___2nd ___3rd ___4th ___5th ___6th+ yr of college

Academic Status ☐ Fr ☐ So ☐ Jr ☐ Sr

Advisor

Major 1	Major 2	Cumulative GPA
Minor 1	Minor 2	Number of Credits This Semester

☐ Please mark this box if you are currently on academic probation

☐ Please mark this box if you have ever been on academic probation in the past

Hours per week you work in paid employment

Please indicate who referred you to the Counseling Center

Referral Type ☐ Self ☐ Faculty ☐ Residence Life Staff ☐ Other Staff ☐ Friend ☐ Family ☐ Healthcare Provider ☐ Other

Referral Name

Please read the following questions and mark those to which you would respond "yes."

☐ Have you previously been involved in counseling?
☐ Do you currently use alcohol or other non-prescription drugs?
☐ Is there a history of mental health problems in your family?
☐ Have you ever been physically abused?
☐ Have you ever been emotionally abused?
☐ Are your concerns interfering with your academic performance?
☐ Have you ever attempted suicide?
☐ Have you ever been hospitalized for mental health reasons?
☐ Is there a history of alcohol or drug problems in your family?
☐ Have you ever been in legal trouble?
☐ Have you ever been sexually abused or assaulted?
☐ Are you currently taking any prescription medications?
☐ Are your concerns interfering with your ability to stay in school?

Please describe the concerns that you would like to discuss with a counselor:

How long has this problem persisted?

Under what condition do your problems get worse? better?

Counselor Notes

McMurry University
COUNSELING SERVICES

Life History Questionnaire
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Please use the following scale to answer the next three questions:

		1 Not at all	2 Mildly	3 Moderately	4 Highly
1.	How serious do you consider your present concern(s)?	☐	☐	☐	☐
2.	How motivated are you to resolve your concern(s)?	☐	☐	☐	☐
3.	How optimistic are you that your concern(s) can be resolved?	☐	☐	☐	☐

Family History

Mother's Age _____ If deceased, how old were you when she died? _____

Father's Age _____ If deceased, how old were you when he died? _____

If your parents are separated, how old were you then? _____

Number of brother(s) _____ What are their ages? _____ _____ _____ _____

Number of sister(s) _____ What are their ages? _____ _____ _____ _____

If you were adopted or raised with parents other than your natural parents please explain:

Briefly describe your mother's personality:

Briefly describe your father's personality:

Briefly describe your stepparent(s) personality:

Briefly describe your past and current relationships with your:

Mother

Father

Stepmother

Stepfather

Religious Affiliation

☐ Jewish
☐ Catholic
☐ Protestant _____
☐ None, but I believe in God
☐ Atheist or agnostic
☐ Other _____

Do you desire to have your religious beliefs and values incorporated into the counseling process?

☐ Yes ☐ No ☐ Not Sure

If you are currently taking any medication(s), please list the type, dosage, and the purpose for each below:

Please mark all of the following that apply

Feelings

- ☐ Helpless
- ☐ Depressed
- ☐ Shameful
- ☐ Angry
- ☐ Guilty
- ☐ Hopeless
- ☐ Lonely
- ☐ Sad
- ☐ Stressed
- ☐ Unhappy
- ☐ Anxious
- ☐ Out of Control
- ☐ Afraid
- ☐ Numb
- ☐ Relaxed
- ☐ Happy
- ☐ Excited
- ☐ Hopeful
- ☐ Inferiority Feeling
- ☐ Mood Shifts
- ☐ Other _____

Thoughts

- ☐ Confused
- ☐ Unintelligent
- ☐ Worthless
- ☐ Unmotivated
- ☐ Unattractive
- ☐ Unlovable
- ☐ Confident
- ☐ Worthwhile
- ☐ Homicidal
- ☐ Racing
- ☐ Obsessive
- ☐ Distracted
- ☐ Disorganized
- ☐ Paranoid
- ☐ Suicidal
- ☐ Sensitive
- ☐ Honest
- ☐ Other _____

Symptoms/Behaviors

- ☐ Eating Less
- ☐ Procrastinating
- ☐ Attempting Suicide
- ☐ Poor Concentration
- ☐ Crying
- ☐ Withdrawing Socially
- ☐ Skipping Classes
- ☐ Binge Drinking
- ☐ Injuring self
- ☐ Compulsivity
- ☐ Career/Major Choice
- ☐ Acting Out Sexually
- ☐ Acting Aggressively
- ☐ Disorganization
- ☐ Impulsivity
- ☐ Recklessness
- ☐ Irritability
- ☐ Passivity
- ☐ Drug Use
- ☐ Alcohol Use
- ☐ Being Good to Yourself
- ☐ Sexual Problems
- ☐ Socializing
- ☐ Marital Relationships
- ☐ Parent/Child Conflicts
- ☐ Lack of Ambition/Goals
- ☐ Poor Peer Relationships
- ☐ Night Mares
- ☐ Worries About Body Image
- ☐ Spiritual Problems
- ☐ Dating Concerns
- ☐ Finances
- ☐ Other _____

Physical Symptoms

- ☐ Insomnia
- ☐ Tired
- ☐ Weight Gain or Loss
- ☐ Pain
- ☐ Headaches
- ☐ Tightness In Chest
- ☐ Dizziness or Light-headedness
- ☐ Numbness or Tingling
- ☐ Vomiting
- ☐ Rapid Heart Beat
- ☐ Dry Mouth
- ☐ Excessive Sleep
- ☐ Loss of Memory
- ☐ Eating Problems
- ☐ Other _____

Please describe any medical conditions you have:

Anything else you would like us to know about you: